



Minneapolis Health Department
Environmental Health Division
250 South Fourth Street - Room 300
Minneapolis, MN 55415
(612) 673-5807 Fax (612) 612-370-1416
SEND PAYMENTS ONLY BY MAIL OR FAX

WELL SEALING PERMIT APPLICATION

Office Use Only

LEGAL DESCRIPTION OF WELL LOCATION:

Attach a site map showing well location(s). Identify property lines, buildings, roads, intersections, and other structures. Reference distances from the nearest landmark.

TOWNSHIP	RANGE	SECTION	SMALLEST	QUARTERS	LARGEST	DEPTH	H-SERIES	MN UWN
N	W		1/4	1/4	1/4	1/4		
N	W		1/4	1/4	1/4	1/4		
N	W		1/4	1/4	1/4	1/4		

WELL ADDRESS	SITE NAME	SITE ADDRESS
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USE / TYPE OF WELL:

Check one of following:

☐ Monitoring ☐ Recovery/Remedial ☐ Industrial ☐ AC ☐ Irrigation ☐ Residential
☐ Nontransient/Noncommunity Public Water Supply ☐ Noncommunity Public Water Supply

WELL HEAD FINISH:

☐ At-Grade ☐ Above Grade ☐ Below Grade, Explain:

WELL CONDITION:

Submit a sealing plan if you answer yes to any of the following questions.*

☐ Yes ☐ No Is the well obstructed?
☐ Yes ☐ No Is the well multi-cased?
☐ Yes ☐ No Does the well have an annular space between casings or the borehole?
☐ Yes ☐ No Does the well penetrate a confining layer?

CONSTRUCTION PROFILE:

GROUTING PLANS:

CASING TYPE	DIAMETER	FROM	TO	MATERIAL	FROM	TO	YARDS	BAGS
	in	ft	ft		ft	ft		
	in	ft	ft		ft	ft		
	in	ft	ft		ft	ft		

WELL OWNER:

WELL OWNER:	ADDRESS:	STATE:	ZIP CODE:
CONTACT PERSON:	CITY:	PHONE NUMBER:	

PROPERTY OWNER: (if different)

PROPERTY OWNER:	ADDRESS:	STATE:	ZIP CODE:
CONTACT PERSON:	CITY:	PHONE NUMBER:	

WELL CONTRACTOR INFORMATION:

COMPANY NAME:	ADDRESS:	STATE:	ZIP CODE:
CONTACT PERSON:	CITY:	PHONE NUMBER:	

I understand that all information provided in this permit application is true and complete. I understand that misstatements of facts may result in forfeiture of all rights to licensure/registration as a well contractor/monitoring well contractor in accordance with Minnesota Statutes, Chapter 103I.

PRINT LICENSED OR REGISTERED CONTRACTOR NAME:	LICENSED OR REGISTERED CONTRACTOR SIGNATURE:	DATE:	LICENSE OR REGISTRATION NUMBER:
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PENALTIES: Failure to obtain a permit prior to sealing a well is a violation of Minnesota Statutes, Chapter 103I, Minnesota Rules Chapter 4725, and City of Minneapolis Ordinances Chapters 48 and 216.

Contact Minneapolis Environmental Services prior to beginning work on-site.

Receive permit via: ☐ Pick up ☐ Fax ☐ Mail ☐ Email to:

Payment must be received with application. MAKE PAYMENTS ONLY BY MAIL OR FAX, NO CASH

Permit fee is \$234.00 per well sealed, total cost: \$_____

Make checks payable to "Minneapolis Finance Department" or charge to: ☐ Visa ☐ MC Expires_____

Cardholder Name:

Card #:

* A licensed contractor prior to obtaining a permit may remove the well pump to determine the depth and condition of the well.

Approval of this application and issuance of this Environmental Services permit does not eliminate the need for additional permits required by this Code or other governmental agencies which may include, but are not limited to: business licensing, fire, police, mechanical, plumbing, electrical, etc.